Concept of Operations: MA/MA-PD/PDP Transactions

June 3, 2005

CMS CENTERS for MEDICARE & MEDICAID SERVICES

OIS Office of Information Services

What Do Plans Need To Do?

- Establish and test physical connectivity to the CMS data center
- Acquire userids/passwords
- Send/receive files
  - Check beneficiary eligibility (online and batch)
  - Enrollments/disenrollments/changes/premium withhold elections
  - Check status of transmission
  - Receive transaction status information
  - Update beneficiary information
  - Provider other insurer (COB) data, if known
  - Provide payer data for proper claims routing
  - Request/receive reports
- Access payment-related beneficiary data
- Submit prescription drug event (PDE)/risk adjustment (RA) data

Why Change the Current Operational Environment?

- Manage capacity utilization and increase probability of successful transaction processing during initial enrollment period
- Protect mission critical systems, especially the Common Working File (CWF)
- Control and manage identities/access to systems
- Ensure consistency of information to plans
- Improve efficiency of CMS and plan operations
- Reduce infrastructure costs
- Reduce operational complexity

Estimated Enrollment/Payment Transaction Volumes

Legacy vs. New System

MMCS

- 5.3 million beneficiaries supported
- 300 plans/contracts in MMCS
- 800,000 transactions per month*

MARx

- 41 million beneficiaries supported
- 600+ plans/contracts in MARx
- 6.56 million transactions per month*

***includes MBD notifications**

What Changes for Current Plans?

- Batch and online eligibility queries will be offered through MBD
- CMS will offer a single logical user interface – a single “entrance” to the MBD and MARx user interfaces
- The new eligibility checking software and migration of key lifetime utilization data to the MBD will eliminate the need for any CWF access for plans
- Online report retrieval through MARx UI will be streamlined – plans will automatically receive reports and have the ability to request reports via the UI
- MARx transactions will be accepted or rejected; rejected transactions will need to be resubmitted
- Plans will be able to check the status of file transmissions; response files will be pushed out to plans
- Detailed response file (“Mini-TRR”) will be pushed to plans on at least a weekly basis (goal is daily during initial enrollment period)
- All transactions will be via batch during the initial enrollment period

Current vs. New Operations

Function	Current Method	New Method
Submit bid, plan information	Submit online to Health Plan Management System (HPMS)	No change
Physical connectivity to CMS data center	Dial-up connection or dedicated line to the Medicare Data Communications Network (MDCN)	**Current** plans may continue using their existing dial-up or dedicated connection or transition to the new method. Plans currently using dial-up should assess the suitability of continuing to do so if their volume is increasing significantly. **New large** plans (membership greater than 100K per contract) are required to use a dedicated line. **New small** plans (membership less than 100K per contract) have the option of using a dedicated line or the Internet.
Send/receive files and reports	1. Use Connect:Direct for file transfer 2. Third party transmits data for plan 3. View reports online 4. Submit online enrollments – no batch file transfer 5. Host on Demand/3270 Emulator 6. Some combination of the above	**Small plans using the Internet option or dial-up (extranet)** will use Sterling's Secure FTP client to transfer files and reports to/from the Sterling electronic mailbox (Gentran server). Cost is approx. $180 per license for Sterling FTP client. Plans may contact Customer Service for Medicare Modernization on 1-800-927-8069 for assistance. **Plans with a dedicated line** will use Connect:Direct. Approx. $2,000-$25,000 per site, depending on existing systems, for plans needing to purchase (excludes IBM mainframe environment). **Host On Demand/3270 Emulator will no longer be used by plans for file transfer or to access reports.** Plans currently dialing up will use Sterling's Secure FTP client to transfer files and reports to/from the Sterling electronic mailbox.

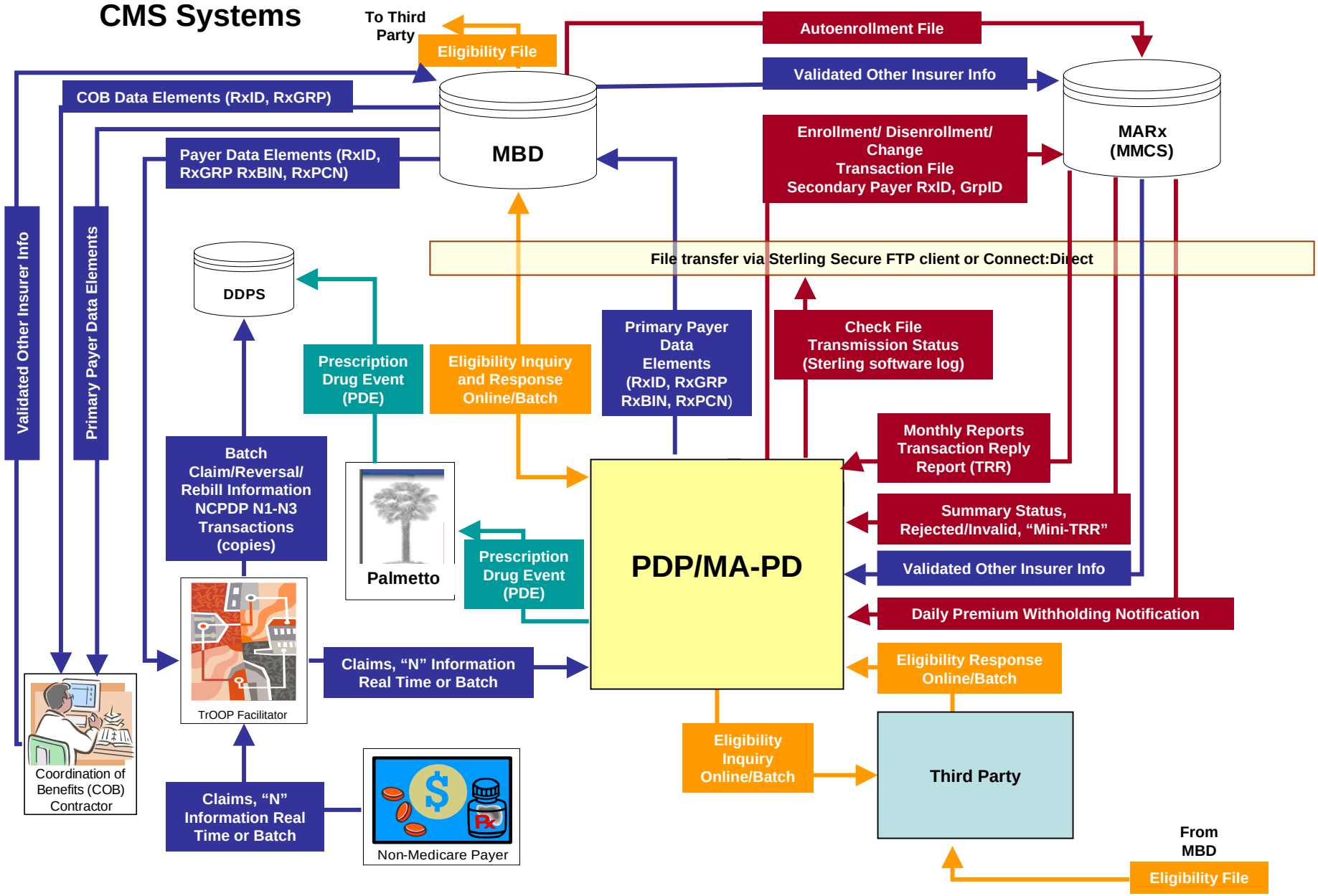
Current vs. New Operations

Function	Current Method	New Method
Check Beneficiary Eligibility	Access Common Working File (CWF) online or Medicare Beneficiary Database (MBD); some plans use a third party	Eligibility query (online and batch) will be available through the MBD; plans may use a third party
Enroll/Disenroll Beneficiary	Batch file transfer or MMCS user interface	Batch file transfer only – no online enrollment submission; strongly encouraging daily (or more frequent) file submission
Receive Status of Enrollment, Disenrollment, Change Transaction File	Plans look up status via the MMCS user interface, including number of batches submitted this month, transactions on hold, orbiting, rejected, etc.	Plans will have the ability to check the status of the file transmission by checking the file transfer software log. Plans will receive summary status information (number of transactions, number rejected/invalid), and detailed status information (“mini-transaction reply report” that includes subsidy, premium, late penalty, withhold option, etc.) via batch file transfer
View Payment-Related Beneficiary Data	MMCS User Interface	The MARx user interface will be offered to plans for beneficiary history lookups. The number of users per plan that gain access to the UI will be limited.
Retrieve MARx Reports	Download via MMCS user interface, some regularly scheduled, viewable online	Reports will be transmitted at least monthly to plan ‘mailbox’ – plans will be able to request copies of historical reports. Reports will no longer be viewable online.
Prescription Drug Event (PDE) Data/Risk Adjustment Data	Currently sent directly to claims intake contractor (Palmetto)	No change at this time, however, discussions are underway.
Lifetime Utilization Data	Plans look up via the Common Working File (CWF) user interface	Lifetime utilization data will be available from MBD; plans will access through the MBD user interface.

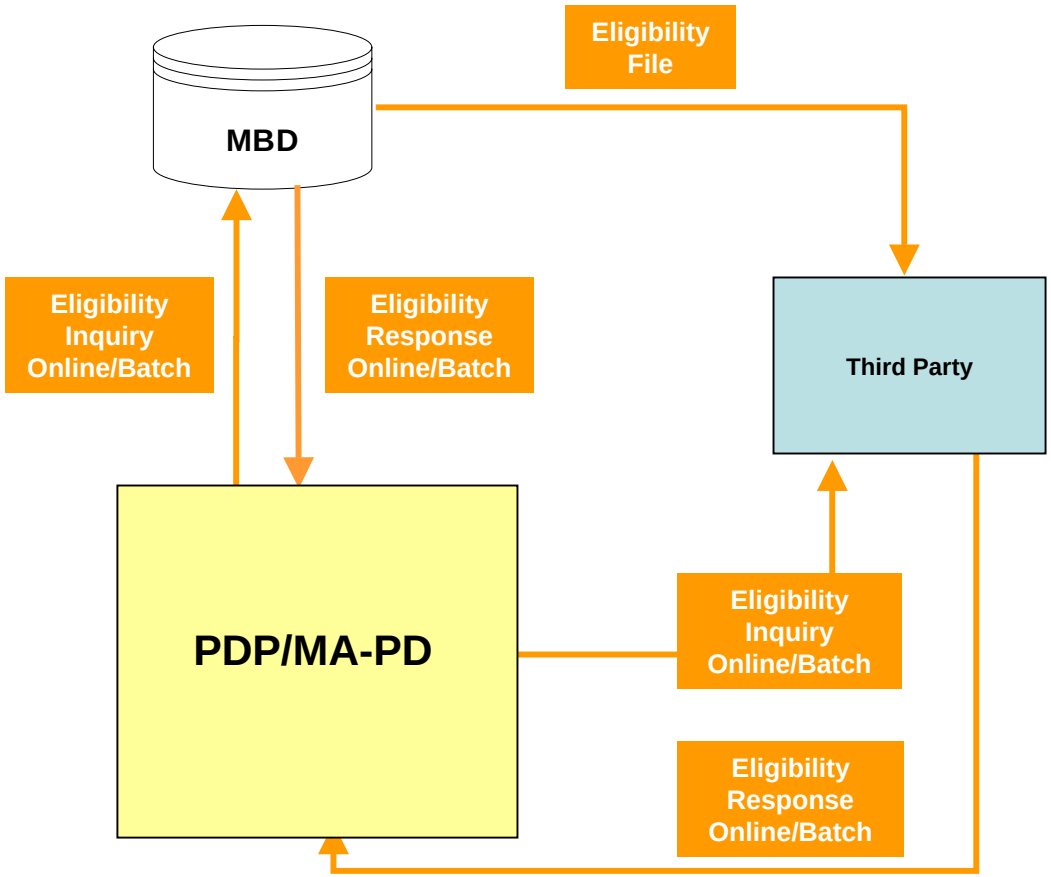
Transactions/Reports

- MBD will have beneficiary eligibility data 90 days prior to the beneficiary becoming eligible for Medicare (aging in)
- Enrollment/disenrollment/change transactions need to be transmitted on a daily basis for timely and manageable production processing
- Plans will have the ability to confirm that we have received their file
- MARx status files will provide summary data on the number of transactions, number rejected/invalid
- MARx will provide a status file containing detailed information (including low income subsidy level, cost sharing data) at least weekly; targeting daily during initial enrollment period, then weekly
- Reject/invalid and status files will be pushed to plans after processing; corrected transactions will need to be resubmitted in a new file
- Transactions that are rejected should be resubmitted (will no longer “orbit”)

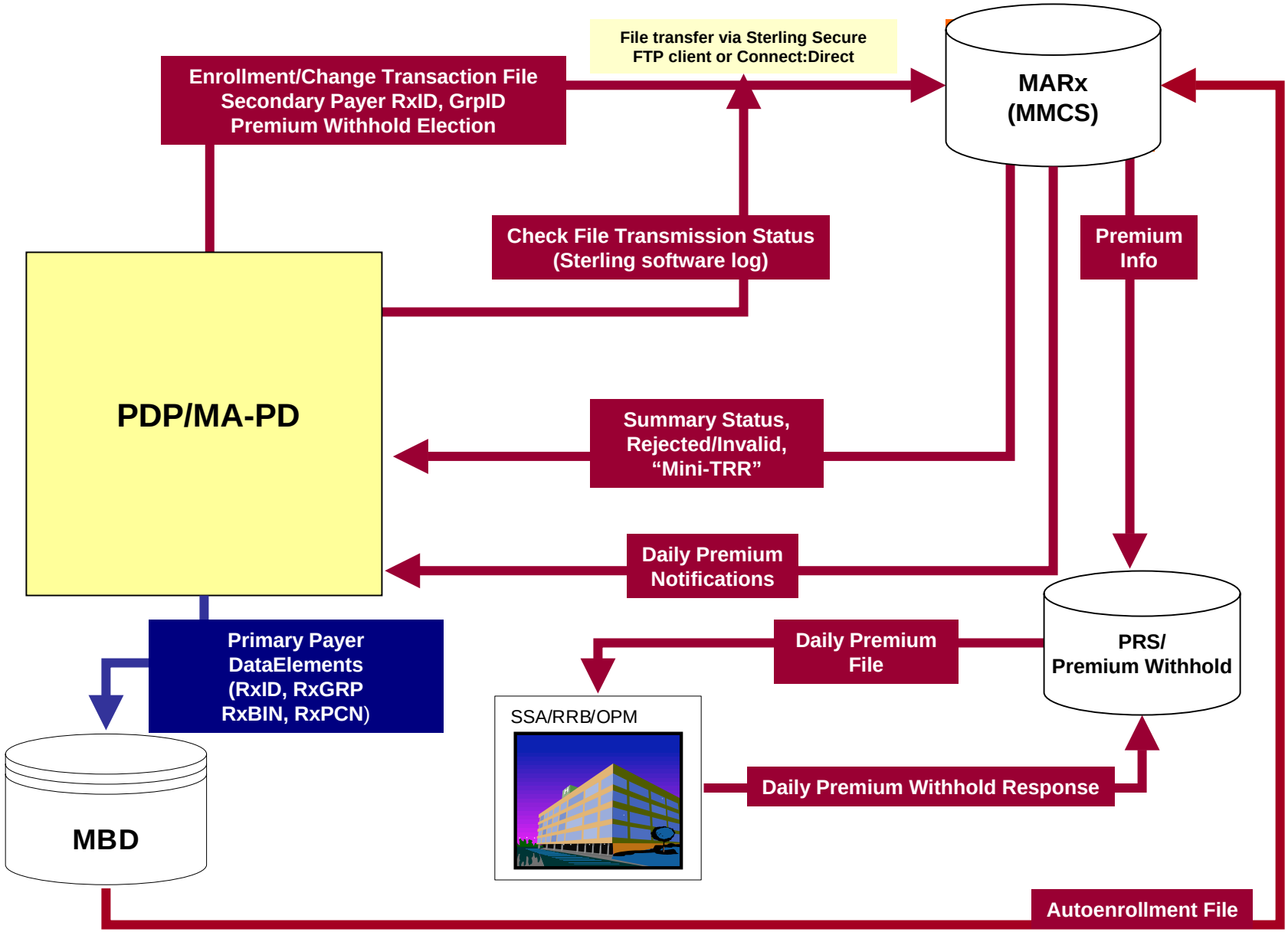
Plan Transactions



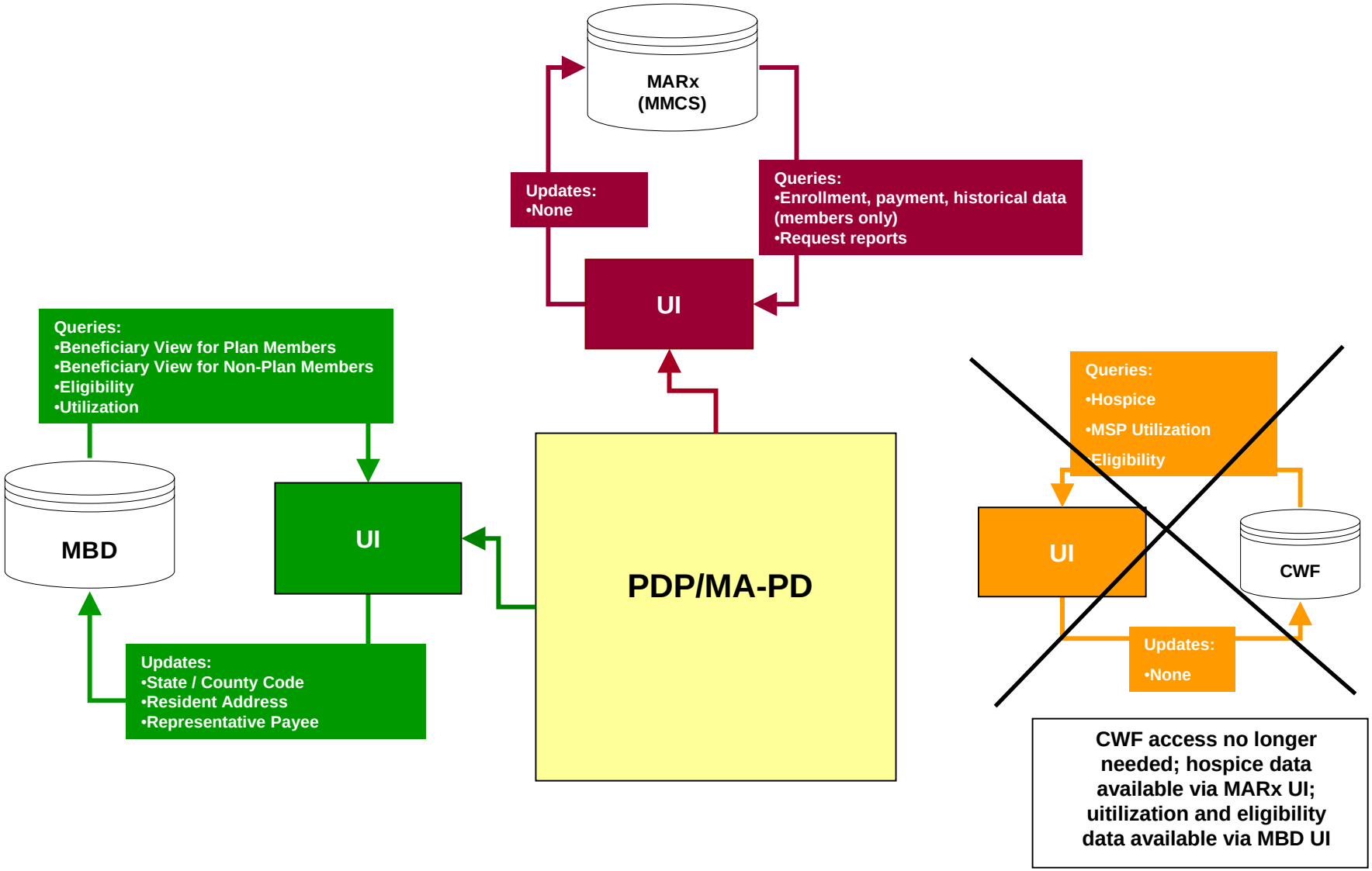
Eligibility Query



Enrollment/Change Transaction



Primary/Other Insurance Data Elements

- Plans will submit four primary payer data elements (RxID, RxGRP, RxBIN, RxPCN) in a separate file after the enrollment transaction, stored in MBD and communicated to CMS COB Contractor (COBC) and TrOOP Facilitator
  - Two primary payer data fields previously included on the enrollment record layout will not be used
- Secondary payer data (RxID and RxGRP), if known, will be submitted on the enrollment transaction and routed through MBD to the COBC
  - the COBC will conduct further development and validation of other health insurer data submitted on the enrollment transaction
  - COBC will pass back validated other health insurer information to be stored in MBD and communicated back to the plans

User Interfaces with MBD, MARx (MMCS), and CWF